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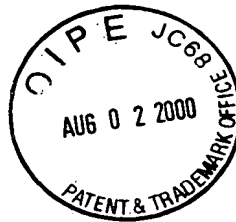
DOCKET NUMBER: 0213-1431-0/mmb

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:
Satoru NISHIMURA, et al.

: GROUP: 1649

SERIAL NUMBER: 09/534,995



: ATTENTION:
Application Division
Customer Corrections

FILED: March 27, 2000

FOR: CHOLINE MONOOXYGENASE GENE

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SECOND REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
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Sir:

The Patent Office is requested to provide a corrected Official Filing Receipt for the attached. If you have any questions, please do not hesitate to contact us.

No fees are required. However, in the event that a fee is required, please charge the appropriate amount to our Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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MAIER & NEUSTADT, P.C.

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CORRECTED FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/534,995	03/27/2000	1649	1364	0213-1431-0	2	82	82

Oblon Spivak McClelland Maier Neustadt PC
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1755 Jefferson Davis Highway
Arlington, VA 22202

Date Mailed: 07/18/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Satoru Nishimura, Toyota-shi, JP ;
Ayumi Koike, Kanagawa, JAPAN;

Continuing Data as Claimed by Applicant

Foreign Applications

JAPAN 273275/1999 09/27/1999

If Required, Foreign Filing License Granted 05/26/2000

Title

Choline monooxygenase gene

Preliminary Class

800

Data entry by : SHEFFEY, CATHERINE

Team : OIPE

Date: 07/18/2000

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PLEASE NOTE THAT THE 1ST APPLICANT'S INFORMATION IS INCORRECT, IT
SHOULD READ AS FOLLOWS:

SATORU NISHIMURA, TOYOTA-SHI, JAPAN

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JUL 20 2000

OBLON, SPIVAK, McCLELLAND
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Bib Data Sheet



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SERIAL NUMBER 09/534,995	FILING DATE 03/27/2000 RULE -	CLASS 800	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 0213-1431-0	
APPLICANTS Satoru Nishimura, Toyota-shi, JAPAN; Ayumi Koike, Kanagawa, JAPAN; ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** JAPAN 273275/1999 09/27/1999 <i>okay</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/2000 -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Int. Expt.</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
ADDRESS Oblon Spivak McClelland Maier Neustadt PC Fourth Floor 1755 Jefferson Davis Highway Arlington, VA 22202					
TITLE Choline monooxygenase gene					
FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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